

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Stuart			
II. Name of lobbyist's partnersh	ip, firm or corporation, it an	y:	
(Name of partnership, firm or corporation) Two Eagle Square, Suite 300 Concord		NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603)520-0822	(603)	email strachy@aol.com	
(Telephone)	(Fax)		
reportable expense transactions	which are not attributable to	ts for each client, OR you may fil o any one client). the reporting date relative to the fo	
	,	the reporting date relative to the to	nowing chem.
NH Assoc. of Marriage and	Family Therapy Name of Client as it appears	on the Lobbyist Registration Form	<u> </u>
<u>OR</u>		bbyist's family), or the lobbying fu	
Reports cover: activity from date October	, 2019 [5]. cof registration to 3/31/19 30, 2019 [] 7/1/19 to 9/30/19	July 31, 2019 activity from 4/1/19 to 6/30/19 January 29, 2020 activity from 10/1/19 to 12/31/1	9
V. There have been no fees recei If this box is checked, complete just Concord, NH 03301.	ved and no reportable trans at this form and submit it to the	actions made since the last repor e Secretary of State's Office, State	t. 🔀 House, Room 204.
If you have paid an hone Expense Reimbursement	s or made expenditures, you no orarium or reimbursed expense	nust file Addendum A – Fees and Ees, you must file Addendum B – Rentributions, you must file Addend	eport of Honorariums or
Sworn Statement/Affirmation b	y Lobbyist	CC show the Committee in Comm	ation is true and complete to
the best of my knowledge and bel	id RSA 664 and nercely swear seef.	or affirm that the foregoing inform $4/4/1$	
(Signature of lobbyist) Stuart D. Trachy		(Date)	
(Print Name of lobbyist)	 _		